

Rural territories against Covid-19: knowledge, actions and reflections from popular health education

Territórios rurais contra a Covid-19: saberes, fazeres e reflexões por meio da Educação Popular em Saúde (resumo: p. 17)

Territorios rurales contra la Covid-19: saberes, haceres y reflexiones a partir de la educación popular en salud (resumen: p. 17)

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This article is founded on the systematization of Oscar Jara's experiences to rebuild the paths of Participatory Action Research in Health in rural communities based on experiences of prevention and health care in coping with Covid-19. Since June 2020, we have been developing popular education experiences in rural health guided by Paulo Freire's pedagogy in northern territories and in the coastal lowlands of the state of Rio de Janeiro, specifically in areas of agrarian reform linked to the Landless Workers Movement (MST); a quilombola territory; and a women's collective connected to the Working Group of Women of the Serramar Articulation of Agroecology (GT Mulheres Serramar). The analysis of these experiences points towards pedagogical alternatives produced from academic and popular knowledge, seeking support in popular communication, in the protagonism of rural communities, especially with regard to women as producers of knowledge, care practices and resistance.

Keywords: Covid-19. Health education. Community-based participatory research. Rural population.



Introduction

The global health and humanitarian crisis, resulting from the Coronavirus disease 19 (Covid-19) pandemic, has strengthened the debate on the health care means, in spite of the limit of biomedical and hospital approaches based on provisional and contingency knowledge on the virus that causes the Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2)¹. Furthermore, it has exposed social disorder and inequalities deepened by the neoliberal dismantling of public policies, with several consequences. Among them, the weakening of the health services capacity to react to the crisis due to historical problems, such as the underfunding of the Brazilian National Health System (SUS - Sistema Único de Saúde) and the consequent precariousness of its structure and organization of services². This context, which impacts on social protection, reveals the inability of monetary transfers to intrinsically produce some protection, contributing to the worsening of the living conditions of individuals already vulnerable by the socioeconomic situation³.

Aside from the aforementioned problems, the Coronavirus pandemic has spread owing to the absence of government strategies that could mitigate its effects, strengthened by denialist and ultra-neoliberal postures of segments and retrograde political-social forces. These started to conquer central spaces in the management of Ministries and public policies in the Bolsonaro government. We refer to strategies that “[...] clearly vilified the suffering of families affected by the disease”³ (p. 76), although the black people, the people from the countryside, the forest and the waters incessantly try to organize themselves and resist the injustices that destroy them; to the racism that subjugates them; and to the monoculture of biomedical and institutional knowledge that silences and sickens them.

In the context of a necropolitics, according to the terms of Achille Mbembe⁴, with State representatives (including the executive of the federal government) who encourage practices that stress the spread of the virus, we experience the increase of community transmission rates of the new Coronavirus. This has leveraged the illness and death caused by Covid-19 of large contingents of unemployed and precarious workers, neglected groups and communities, and underserved territories. Social and popular organizations and movements have reacted, becoming collective shields against the crisis. Familiarity with local problems¹ and acquired experiences made social mobilization and community and solidarity work possible as strategies to face the pandemic.

Unfortunately, the forsaking of social movements¹ and the advancement of epistemicide of popular knowledge have led to the waste of their experiences, deemed essential for collective health, as they foster local health practices in territorial dynamics, as well as the learning produced from multiple social and cultural sources, embodying extensive repertoires of care based on community, traditional and ancestral origins from African and Amerindian cosmoperception. This implies the loss of the opportunity to learn and deepen a pedagogy of coexistence, decolonial and mandatory for the preservation of the plurality of life in communion and for the original communication with the world^{5,6}, comprehended as a crucial way to understand and face the emergence of diseases like Covid-19.



In a different way, capitalism advances towards socio-environmental destruction, imperative of profit and reduction of life experiences to consumption⁶. Consequently, new and perverse epidemics and pandemics emerge. A recent work by Wallace⁷ exposes the strong connection between modes of production - such as intensive livestock, agribusiness, among others - and the dynamics of epidemics - like the outbreak of avian influenza (H5N1), in 2003; the swine influenza (H1N1), in 2009; and the current Coronavirus pandemic.

Delaying the end of the world and perpetuating life in an objective and symbolic perspective implies recognizing ourselves as beings of nature and legitimizing ways of resistance mediated by care for life and community organization^{5,6}. It is imperative to invest in ways to protect people in a relational perspective, signatories of this recognition and belonging, backing the diversity of knowledge and care practices in individual and collective dimensions⁵.

The community-based disease Covid-19 demands coping strategies founded not only on specialized care, but also on a preventive and educational basis. This means the defense of decolonial thinking and ecological action in health that legitimizes the plurality/diversity of knowledge, practices and experiences regarding health, the integration and interaction of multiple forms of care and healing (that is, generational, ancestral, traditional and popular forms) connected with good living^{6,8}.

In this context, this paper analyzes how rural territories in the northern and coastal lowlands of Rio de Janeiro state are experiencing the Covid-19 pandemic. It also analyzes how they are building their own resistance and coping strategies. This study is the result of a research initiative conducted by professors and students from higher education institutions in that state.

In the light of this understanding, we rely on Popular Education (PE) and participatory action research due to the strong connection between them from a Latin American perspective, in which knowledge production and research and education social practices are committed to social transformation^{9,12}. Oscar Jara argues that Latin American PE should be understood both as an educational concept, with ethical, political and pedagogical foundations, and a sociocultural phenomenon, expressed by a set of practices with a transforming intention¹¹. In fact, we have incorporated Participatory Action Research in Health (PaPS) as a research approach, rather than a method¹⁰, preserving its popular vocation and Latin American epistemological and methodological affiliation, anchored in Orlando Fals Borda's "*investigacion accion participativa*" and in the experiences of Freirean Participatory Research¹² and Critical Pedagogy¹³.

Founded on research-education-action processes¹² contextualized in the health field, we aim at recognizing popular knowledge and practices of rural communities used to cope with the pandemic with the purpose of developing care strategies and mitigating the effects of Covid-19 in the territories. In this paper, we reflect on this journey based on the systematization of Oscar Jara's experience⁹.



Methodology

We resorted to the systematization of Oscar Jara's⁹ experiences to recover the research-education-action process¹². It is a theoretical-methodological resource in the field of Popular Education that allows the critical interpretation of the lived processes. Thus, we used the experience itself as an object of study to produce lessons and learning based on the typology of Jara's "five times"⁹: the starting points, the initial questions, the recovery of the lived process, the background reflection, and the arrival points.

To rebuild the experience, we explored multiple sources of materials from the research entitled "*Recomendações técnicas, saberes e práticas populares no enfrentamento da Covid-19 em zona rural*", approved by the Research Ethics Committee - Human Area of the Fluminense Federal University (UFF), Opinion No. 4.271.819/2020, and funded by the National Council for Scientific and Technological Development (CNPq) and the Ministry of Health, Process no. 402510/2020-8. As part of the research, photos, videos, interviews, educational materials and technical reports developed by the authors from June 2020 to December 2021 were systematized and analyzed.

The research paths involved formative and fieldwork moments, as well as aspects concerning the design of pedagogical material. The research-education-action practices were developed from the dialogue both between team members and between them and external guests, as well as based on the participation of people from the communities and meetings for planning field activities and for evaluation. They were online meetings that took place systematically at least once a month, but more often before or after going to the territory. These experiences allowed us to move away from the immediacy of action and recover the lived experience, letting tensions and reflections from praxis in a dialectical perspective¹³.

The analysis of our study is supported by Freire's pedagogy¹³, in addition to Jara's framework⁹. In the approaches of Quilombola territories, we added Lélia González's proposal¹⁴ on the consciousness-memory dialectic as a heuristic resource that allows us to have a focus on health care practices from the interaction with the Quilombo's collective memory.

Results and discussion

The starting points: rural territories in the pandemic, helplessness, negligence and injustices

In our journey, the articulation with rural territories starts from extension projects developed by professors from the Fluminense Federal University (UFF) of Rio das Ostras and The Federal University of Rio de Janeiro (UFRJ)/Macaé, which associate collective health and agroecology as areas of knowledge, bringing together Nursing, Nutrition and Social Work courses. These projects added a connection with the territories, and an accumulation of contextualization on the living conditions of rural communities, which allowed to converge the construction of a PaPS approach with strategies to cope with the Covid-19 pandemic in those places.

Participants were the following territories and rural collectives, located in the northern and coastal lowlands of Rio de Janeiro state: the Osvaldo de Oliveira Settlement and the Edson Nogueira Camp (Macaé); the Quilombo Machadinho (Quissamã); and the Working Group of Women of the Serramar Articulation of Agroecology (GT Mulheres Serramar). The last one is composed as a feminist collective of family farmers, agrarian reform settlers, nurserywomen of the Atlantic Forest, artisans, market stallholders, soap makers, technicians and activists from the municipalities of Casimiro de Abreu, Silva Jardim, Araruama and Rio das Ostras. It is a space for political articulation, exchange of experiences, and professional development on agroecology, feminism and food sovereignty.

Living in these territories shows how much the rural population has been suffering in the Covid-19 pandemic, both due to the deepening of vulnerabilities and the lack of political and health strategies that can guarantee minimum conditions for maintaining life in a context of social, economic and sanitary crisis^{2,3}.

In some of these communities, access to income through the sale of produced food has also impacted as a result of the prohibition or restriction of the street markets, and because of the suspension or reduction of the value of contracts of food access programs, such as the National School Feeding Program (PNAE). Law no. 13.987/2020¹⁵, approved after extensive popular mobilization, authorized Brazilian municipalities and states (executing entities) to allocate the resources of this program to the distribution of food kits to students during the suspension period of face-to-face classes. Nevertheless, it can be noted that many Brazilian municipalities that consumed part of the production of those communities stopped purchasing food from family farming. It should also be mentioned the presidential veto of several articles of the Assis de Carvalho Law (Law n.º 14.048/2020)¹⁶ and, in all respects, the Assis de Carvalho Law II - Bill n.º 823/2021, which are documents that established measures to help and promote family farming in the pandemic; and the Bill n.º 873/2020¹⁷, which established an emergency plan for rural workers who were not registered in the Unified Registry for Social Programs of the Brazilian Government. This scenario deepens setbacks on social rights and the dismantling of both the National System for Food and Nutrition Security and Policy and strategic programs for family farming, condemning part of this population - especially the female population - to precarious life situations¹⁸.

These problems unfolded in countless troubles experienced in the territories, but, at the same time, they also led to various resistance strategies with organizational and community potential. In reaction to difficulties in accessing or keeping income, many farmers resorted to organizing basic-needs package of agroecological products for sale on demand, and direct delivery to consumers residing in the region and in the capital, to sell their production. This implied the formation and strengthening of consumer networks, which represent a collective solution to be valued and promoted, particularly by public policies.

Concerning the social isolation guidelines, summarized under the slogan “Stay at home”, there are quite distinctive borders for the rural population. The same is true for the population of urban peripheries, which already has to deal daily with the separation of city centers and long distances, among other limits to public facilities access, besides depending on collective work as a source of income and a way of organizing community life.



A significant gap in institutional strategies for facing the pandemic was disregarding the singularities of the most vulnerable territories, whether in the city, particularly in peripheral areas, or in the countryside. Countless technical recommendations do not communicate with these realities, making these population segments invisible and preponderantly unattended by Primary Care (PC), which should think about actions in these territories.

In view of the distinctiveness of the population in rural territories, even in municipalities with Family Health program teams, there were frequent reports from male/female farmers regarding the difficulties they faced in accessing health services in Covid-19 suspected and confirmed cases, apart from limits on care for other problems, such as domestic violence. Permanent communication strategies through an instant messaging app group on the internet, as the one developed by the GT Mulheres Serramar, were crucial for the construction of support networks and promotion of collective strategies to deal with the inadequacies of public policies. It should also be mentioned other self-organizing initiatives with the participation of this female Group, such as the project “*Cestas Cuidar-se - Práticas Populares, Agroecológicas e Solidárias de Autocuidado em Saúde*”, which consisted of making and donating packages with self-care products for women in rural and urban areas, who were active on the front line of the fight against Covid-19 in their territories.

Poor communities also created their own subsistence strategies, such as setting up agroecological food donation networks from rural territories to the periphery of urban centers. An example of these strategies was the action conducted by groups of the Landless Workers Movement (MST)¹⁹, such as the Osvaldo de Oliveira Settlement and the Edson Nogueira Camp, which, with the important support of the Ecological Network (a group of consumers of agroecological products) acted in the Field and Shatytown Campaign against Coronavirus and Hunger. This shows the relevance of solidarity between rural and urban workers as one of the social shields for the crisis.

Another difficulty that deserves to be mentioned was the lack of institutional subsidies for the planning of actions with the communities, pointing out challenges related to vaccination and the absence of epidemiological information to promote health surveillance practices in the territories.

The performance of the National Coordination for the Articulation of Black Rural Quilombola Communities (CONAQ) with the Socio-environmental Institute and the support of black movements was praiseworthy in creating the Covid Observatory in Quilombos²⁰, besides legally claiming the right to health with the prioritization of these communities for the transfer of resources for actions in Primary Care²¹ and for priority vaccination²². Quilombo Machadinha, located in Quissamã, with full coverage of the Family Health strategy, had its population over 18 years of age immunized with two doses of vaccine in June 2021, at the local Family Health Unit (USF) and also in strategic points of the territory itself. This shows the extreme relevance of community mobilization in conjunction with the health network. The other areas suffered from mismatched information, leading to the need to search for vaccine in centralized services, far from the homes of those locations.



In the pandemic context, in addition to the helplessness of rural communities due to the lack of social policies, the legal uncertainty of the areas of agrarian reform has deepened, resulting in numerous attempts to reverse the consolidation of rural settlements duly recognized by the National Institute of Colonization and Agrarian Reform (INCRA).

The Osvaldo de Oliveira Settlement, founded ten years ago and the first Sustainable Development Project (SDP) in the state of Rio de Janeiro, at the end of 2020 experienced a new attempt to be disarticulated, despite the state Law No. 9.020/2020, which prohibits evictions in case of public calamity. An appeal by popular legal advice to the Supreme Court of Justice (STJ) and the Supreme Federal Court (STF), with intense social mobilization - in spite of the physical distance, which made collective organization difficult -, made it possible to reverse this decision, again imposed and soon after (in September 2021) expired, less than a month before the drafting of this text.

The initial questions: how to mitigate the risks and damages of the Covid-19 pandemic from Popular Health Education?

This question mobilized us throughout the work process. Moreover, it seemed necessary to understand the scope of the technical recommendations to control the community transmission of the coronavirus and illness (which are episodes that can be essentially reduced with actions such as social distancing, hand hygiene and the use of masks) in those territories. Nevertheless, how to make use of these guidelines in dialogue with care practices already legitimized in these locations, including traditional, ancestral and popular knowledge and practices? What approaches should be thought of collectively?

Understanding how these communities face the pandemic implied (re)thinking dialogical, emancipatory and creative strategies from various rural territories. From this perspective, on the one hand, it proved necessary to stress the different experiences of illness, the fear arising from Covid-19, and the access of communities to fake news concerning early treatment and a possible ineffectiveness of vaccines. On the other hand, it also demanded to value the memories of care and the constitutive characteristics of areas such as culture, production forms of existence, ways of organizing work, ancestry, knowledge, the use of plants, health care itineraries, the healing blessing, religiosity, cooking, the use of medicinal herbs - in a nutshell, social technologies in confluence with sociobiodiversity. These are crucial issues for life care and are related to the ways of conquering the place and its experience, along streams, forests, enchanted places, *terreiros*, small farms; in short, conquering a place where life is built, signified and shared²³.



The lived process: reinventing communication and educational practices in pandemic times

Reinventing communication with rural communities

The pandemic situation has brought numerous difficulties in terms of keeping in touch with rural communities, demanding internet communication strategies. Access to this resource in satisfactory conditions for conducting virtual activities is rather difficult, given that these areas have neither a good connection nor suitable resources, such as cell phones and computers. For this reason, it was necessary to apply the following strategies:

- Use of instant messaging app on the internet: communication with the Working Group of Women of the Serramar Articulation of Agroecology occurred mostly through group messages. From generating questions, those women talked through messages, audios or photos.

- Video dialogue: a short explanatory video of approximately 3 minutes was produced on the actions in rural territories, and later shared in communities of the Landless Workers Movement through online instant messages. This material consisted of questions that stimulated reflection on everyday community strategies to cope with the pandemic. From the video, people could send answers to the team through messages, mediated by the community members in charge of this task: the territory agents.

- Territory agents: they were members of the places with which we committed to both mediate the team's dialogue with the community and support the organization of field activities. This strategy proved to be extremely important with the Landless Workers Movement and Quilombo Machadinho communities. Some funding was given to pay for this work, such as topping-up cell phones. The presence of this mediator promoted the dialogue and reduced the need to go to the territory, helping to preserve social distance.

Knowledge based on experience: care practices as experience / coexistence

The presence in the territory, particularly in the period from the beginning of the pandemic to the end of 2020, required Covid-19 testing of the entire team. This procedure was conducted in partnership with the Health Departments of the already mentioned municipalities.

Another protective strategy adopted that deserves to be mentioned was the availability and use of N95 masks by all team members, as well as the distribution of fabric masks (in partnership with other projects on the Rio das Ostras Campus of the Fluminense Federal University, which made those accessories available through solidarity seamstresses), PFF2 masks, and disposable masks for the territories' adult and child communities.

One of the pacts made with these communities was the use of protective masks and social distancing as prerequisites for participation in activities. Moreover, the team also had access to institutional transport, alcohol gel, water and food to reduce the risk of contamination.



These care strategies towards the participants and assisted communities were crucial, as was the respect for any decisions made by a member of the team regarding not going to fieldwork for fear of Covid-19 or due to personal or family experience of illness due to Coronavirus. The reflection on the experience of Coronavirus contagion - without neglecting the daily life and the ways of acting and reacting in the field of health -, of dealing with the disease and producing care, requires coherence as a pedagogical tool for the relationships between all, as well as for dialoguing with community care practices and for designing them. As Freire argues, “[...] it is not discourse that judges practice, but practice that judges the discourse”²⁴ (p. 26). Certainly, it is not about prescribing protective strategies against the virus based on personal choices, but about conceiving and performing care practices as an ethical-reflective exercise²⁵ on them in each context.

In this sense, we aim to materialize the Freirean pedagogy^{13,25} to develop practices of the Permanent Education in Health (EPS) in the mentioned territories and to promote collective care and self-care strategies. We conducted workshops on this topic, from November 2020 to May 2021, in the territories of the Osvaldo de Oliveira Settlement, the Edson Nogueira Acampment and the Quilombo Machadinha. In the case of the Working Group of Women of the Serramar Articulation of Agroecology, this process progressed through an instant messaging group on the internet, since its members live in different and distant municipalities. Such activities were highly productive and had the wide participation of women (despite the losses related to the materiality of the space and the meeting).

The face-to-face meetings enabled the planning, debate and implementation of care practices that implemented ways to protect people from the virus and avoid contamination, converging with technical recommendations. The communities were involved in preparing the workshop spaces, which showed sensitivity not only to the creation of a welcoming place, but also to the ventilation and distancing needs, in a cooperative effort with the research team to provide protective measures that materialize prevention and care practices. This is a pedagogical exercise that only materializes in the space where the “[...] practice becomes an aesthetic and ethical essay”²⁵ (p. 45) for health care. This leads us to question the limit of the virtuality of actions - without disqualifying their powers -, identifying the difficulties concerning what is indispensable in fieldwork with a popular base.

An important self-care strategy to avoid contamination by Covid-19 is handwashing with soap and water. Based on this instruction, we held natural soap making workshops with the following communities: the Edson Nogueira Camp; the Osvaldo de Oliveira Settlement; and the Quilombo Machadinha. These workshops comprised making soap from recycled oil; and soap bar, from coconut and olive oils. The workshop worker was a member of the Working Group of Women of the Serramar Articulation of Agroecology: an artisan and herbalist with great experience in manufacturing natural soaps. The project provided all the material needed for the community to perform the activities and continued production for self-consumption and income generation. For the workshops, we created and distributed four fanzines with the required information and guidance necessary for the participants’ learning: The art of natural soap; Watch out for the soda!; How to give color and smell to soap bars; and Soap Recipes. It proved to be an important moment of exchange and dialogue among the women of the participating territories. The fanzines,

which were produced in partnership with the Zine Library on the Macaé campus of the Fluminense Federal University can be accessed via the QR Code of the folder, which contains the digital materials filed in the mentioned Zine Library (Figure 1):



Figure 1. QR Code of the folder with the designed educational materials

Source: survey data (2020).

Among the care practices promoted in the territories, it should also be mentioned the workshops on medicinal herbs, which dialogued with identity strategies that already exist in rural locations. We problematize its inclusion not as a mechanism to fight Coronavirus, but as an integral part of a “basic-needs package of care against Covid,” whose construction idea emerged against the medication kit. It also encompassed the debate on distancing, hygiene, special care for pregnant women and risk groups, among other issues. It proved to be a very powerful moment for all participants to speak, listen and, consequently, “learn to listen”²⁵ and collectively reflect on health care, based on shared experience and knowledge, as well as on exposure and exchanges of views on virus transmission mechanisms, periods of transmissibility, and strategies for diagnosis and clinical disease management. These moments inspired the next stage of the project, marked by the educational materials designed to dialogue with concrete situations of care against Covid-19 that had been experienced by the rural population.

Another worth mentioning and interesting experience was a map design to territorialize prevention practices against this disease. In a workshop held at the Osvaldo de Oliveira Settlement, we designed a care map to discuss protective practices in specific situations, such as those at working on the fields, in collective spaces that are essential for everyday life (in the production of agroecological bricks, in the flour house, and in assemblies), on trips to the city, and in situations of suspected contamination of Covid-19. Based on different situations, the community agreed on required attitudes to reduce viral transmission, like the use of masks in assemblies or in contact with other families in the community, not visiting the sick and adjacent shacks, and similar things.



To consolidate these experiences, an educational material was designed using the language and aesthetics of rural settlements, in the form of a flipchart, entitled *Vai-te embora Covid!* (“Go away, Covid!”), which can also be accessed by the QR Code in Figure 1 above.

Background reflection and the arrival points

Women’s role in the struggle for survival: powers for territorial practices

Women play a key role with regard to health practices in rural areas. They are crucial subjects for the construction of sustainable ways of preserving socio-biodiversity, ensuring the identity of traditional and indigenous peoples²⁶. The non-recognition and destruction of these practices and knowledge compose a strategy to control the bodies, production forms and resistance of these women²³, who are the main guardians of ancestral knowledge and genetic and cultural heritage. It is a wisdom that is evinced by the conservation and rescue of local crops, safeguarding traditional seeds and native breeds of animals, preserving culinary traditions; in brief, by an agroecological praxis^{27,28}. It is fundamentally these women who enable the survival of a living memory of health care, who allows us to build non-market actions and relationships that have life, rather than profit, in perspective. It is a must to recognize women’s role in the struggle for survival in balance with nature and also to give them visibility, taking them out of the backstage of the historical scene^{23,28,29}.

Listening and actions with the territories: critical tools for a pedagogy of encounter

There is an urgent need for communication strategies with these communities be reinvented. Hence, the use of instant communication apps, podcasts, videos, fanzines, comics (HQs), among other art-education mediations, are essential to build interventions guided by the Permanent Education in Health with rural communities. A significant part of this strategy has been happening virtually, which stresses the agenda of the internet democratization as a public policy.

We emphasize the relevance of long-term interdisciplinary educational work in the territories. The articulation of the various places in this period of isolation, insecurity and fear was only viable due to the already existing relationship of bond, trust and pre-established presence with the people in each of the areas. The gathering of social movements, allied to such practices through research and extension, has enabled to overcome the limits and difficulties of institutional intervention in rural territories.

Undoubtedly, popular base community work in health and the accumulation of social movements became all the more necessary in times of the pandemic, as they created possibilities to germinate and strengthen broad solidarity networks in reaction to the inertia of the Ministry of Health, denialism and necropolitics of the federal



government. It is therefore crucial to provoke a EPS from subjects and collectives in alliance with social movements, not betting solely on institutions - which are often closed in a technicist and biomedical approach -, but questioning and challenging the direction of public and social policies.

Coping with Covid from territorialized practices, mediated by the EPS, has created opportunities to augment local actions towards a more locoregional approach to emerging problems in the rural context. Moreover, it has expanded the possibilities for the protagonism of communities in the local space, not only in relation to the construction of guidelines, but also in terms of combating strategies humanized by their knowledge and personal practices. This puts into practice an action in health guided by an ecology of knowledge⁸ that brings experimentation (daily experiences) as a locus of know-how.

Final considerations

The pandemic has exposed and deepened preexisting social inequalities and antagonisms that support the destructive logic of the capitalist, racist and patriarchal society. The collective struggle for health, democracy, social rights, land, work and vaccine rises from the ground of the territories towards the public space, bringing to the fore the female work of agroecological family agriculture, quilombolas, and agrarian reform settlers. This shows the prominence of educational work, allied to social and collective movements in the territories, that manages to elucidate resistance practices of this population in coping with the pandemic.

The systematization of experiences methodology indicated some pedagogical alternatives, strategies, challenges and learning to reduce the risks and damages of the pandemic from the Permanent Education in Health. Among the viable paths, it is imperative to strive to reinvent communication strategies - notably through the use of instant messaging on the internet - and creative and dialogic practices. At the same time, we identified the limits and dilemmas of the virtual dimension connected to the materiality of health practices that demand encounters, exchanges and experiences. Furthermore, the importance of recognizing women for the memory of care (historically) makes sustainable ways of self-protection for communities that value sociobiodiversity and the constitution and/or preservation of a common identity grow and flourish.

As never before, it is extremely necessary to have pedagogies of the encounter among the technical-scientific, the traditional and the popular; between public policies and social demands; and between knowledge and practices in the territory. This shows the potentiality of Paulo Freire's legacy for the construction of pedagogies ready for revitalizing practices that support emancipatory and decolonial knowledge and practices as a protection against the crisis itself.

In this process, it is mandatory to acknowledge the potential of communities to face the pandemic from practices that dialogue with biodiversity and with the buildup of popular learning and experiences. Among these, the ancestral knowledge that transcends the capitalist logic domination of producing and living is strengthened. They are ways of resistance and ergo seeds of a new sociability beyond capital and the bonds of a State



more and more focused on environmental destruction; spoliation of the territories of traditional communities; exponential increase in withdrawing social rights; and multiple forms of extermination. Experiences as a shield against the crisis are responsible for making the popular power pulsate in rural communities that is not captured by the institutional, technician and hospital-centric logic opposed to human life, and thereby prone to underestimate acting in the territory as part of health practices, which disqualify the constitution of solidarity networks as means of (re)existence.

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Authors' contribution

All authors actively participated in all stages of preparing the manuscript.

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Conflict of interest

The authors have no conflict of interest to declare.

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Este artigo se apoia na sistematização de experiências de Oscar Jara para reconstruir os caminhos de uma pesquisa-ação participativa em saúde nas comunidades rurais com base em experiências de prevenção e cuidado à saúde no enfrentamento da Covid-19. Desde junho de 2020 temos desenvolvido experiências de Educação Popular em Saúde (EPS) no campo, pautadas pela pedagogia freiriana nos territórios do norte e na baixada litorânea do estado do Rio de Janeiro, especificamente áreas de reforma agrária vinculadas ao Movimento dos Trabalhadores Rurais Sem Terra; em um território quilombola; e em um coletivo de mulheres interligado à Articulação de Agroecologia Serramar. A análise dessas experiências aponta alternativas pedagógicas produzidas pelo encontro entre saberes acadêmicos e populares, buscando amparo na comunicação popular, no protagonismo das comunidades rurais, em especial de mulheres, como produtoras de conhecimento, práticas de cuidado e de resistência.

Palavras-chave: Covid-19. Educação em saúde. Pesquisa participativa baseada na comunidade. População rural.

Este artículo se apoya en la sistematización de experiencias de Oscar Jara para reconstruir los caminos de una investigación-acción participativa en salud con comunidades rurales, a partir de experiencias de prevención y cuidado de la salud en el enfrentamiento de la Covid-19. Desde julio de 2020, desarrollamos experiencias de educación popular de salud en el campo basadas en la pedagogía de Paulo Freire con territorios del norte y en la región conocida como “Baixada” del Estado de Río de Janeiro, específicamente áreas de reforma agraria vinculadas al Movimiento de los Trabajadores Rurales Sin Tierra, un territorio *quilombola* y un colectivo de mujeres interconectado a la Articulación de Agroecología Serramar. El análisis de esas experiencias señala alternativas pedagógicas producidas a partir del encuentro entre saberes académicos y populares, buscando amparo en la comunicación popular, en el protagonismo de las comunidades rurales, en especial de mujeres, como productoras de conocimiento, prácticas de cuidado y resistencia.

Palabras clave: Covid-19. Educación en salud. Investigación participativa con base en la comunidad. Población rural.